

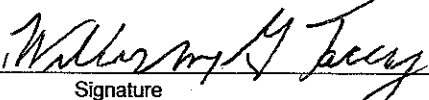
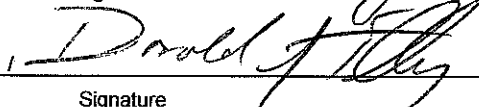


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 150422		3. This Statement covers From: 07/23/12 to 08/27/12																					
2. Committee Name Friends of Don Tilley		4. Candidate Last Name Tilley First Name Donald M.I. J 4a. Office Sought Including District # or Community Served (If applicable) Bay County Commissioner 6th District 4b. County of Residence Bay																					
5. Committee's Mailing Address 617 Green Ave Bay City, MI 48708 Area Code and Phone (989) 450-1480 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address William Tacey 447 E. Center Road Essexville, MI 48732 Area Code & Phone (989) 892-3252																					
7. Treasurer's Business Address William Tacey 447 E. Center Road Essexville, MI 48732 Area Code and Phone (989) 892-3252		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Donald Tilley 617 Green Ave Bay City, MI 48708 Area Code and Phone (989) 450-1480																					
9. TYPE OF STATEMENT <table border="0"><tr><td>9a. <input type="checkbox"/> Pre-Election</td><td>OR</td><td>9b. <input checked="" type="checkbox"/> Post-Election</td><td>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</td></tr><tr><td colspan="3">Pre-Election or Post-Election Statement relates to:</td><td>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</td></tr><tr><td><input checked="" type="checkbox"/> Primary</td><td></td><td><input type="checkbox"/> General</td><td>9e. <input type="checkbox"/> Dissolution of Candidate Committee</td></tr><tr><td><input type="checkbox"/> Convention</td><td></td><td><input type="checkbox"/> School</td><td>Effective Date of Dissolution _____</td></tr><tr><td><input type="checkbox"/> Special</td><td></td><td><input type="checkbox"/> Caucus</td><td></td></tr></table> <p>Date of Election, Convention or Caucus 08/07/12</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>				9a. <input type="checkbox"/> Pre-Election	OR	9b. <input checked="" type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	Pre-Election or Post-Election Statement relates to:			9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	<input checked="" type="checkbox"/> Primary		<input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee	<input type="checkbox"/> Convention		<input type="checkbox"/> School	Effective Date of Dissolution _____	<input type="checkbox"/> Special		<input type="checkbox"/> Caucus	
9a. <input type="checkbox"/> Pre-Election	OR	9b. <input checked="" type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)																				
Pre-Election or Post-Election Statement relates to:			9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)																				
<input checked="" type="checkbox"/> Primary		<input type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee																				
<input type="checkbox"/> Convention		<input type="checkbox"/> School	Effective Date of Dissolution _____																				
<input type="checkbox"/> Special		<input type="checkbox"/> Caucus																					
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>																							
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.																							
Current Treasurer or Designated Record keeper William Tacey Type or Print Name		 Signature Date 9/6/12																					
Candidate Donald Tilley Type or Print Name		 Signature Date 9/6/12																					



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150422

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Don Tilley

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>130.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$130.00</u>	(18.) \$ <u>\$1,635.82</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$130.00</u>	(20.) \$ <u>\$1,635.82</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$853.07</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$853.07</u>	(23.) \$ <u>\$3,672.95</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$4,206.10</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$762.64</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$130.00</u>	
	(15.) = \$ <u>\$892.64</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$853.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$39.57</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150422
2. Committee Name Friends of Don Tilley

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/18/12</u> Name & Address: Pam Kelly 2152 Sixth Street Bay City, MI 48708		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/20/12</u> Name & Address: Rick Pabalís 5431 Christina Road Bay City, MI 48706		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/12</u> Name & Address: Donald Tilley 617 Green Ave Bay City, MI 48708		\$ <u>100.00</u>	\$ <u>365.82</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$130.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$130.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150422
2. Committee Name Friends of Don Tilley

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Gordon Food Service</u> Address <u>3730 Wilder Road</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy / Parade</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/12</u> Date	\$ <u>83.33</u>
Expenditure #2 Name <u>US Postmaster</u> Address <u>1233 South Washington</u> <u>Saginaw, MI 48601</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/12</u> Date	\$ <u>404.04</u>
Expenditure #3 Name <u>Dornbos Printing</u> Address <u>1131 East Genessee</u> <u>Saginaw, MI 48607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/12</u> Date	\$ <u>365.70</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$853.07

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$853.07

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150422
2. Committee Name Friends of Don Tilley

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>434.90</u>	\$ \$ \$ \$ \$	\$ <u>100.00</u>	\$ <u>334.90</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>6/20/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>898.93</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>898.93</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>6/30/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$1,633.83

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150422
2. Committee Name Friends of Don Tilley

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>07/28/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>.00</u>	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>8/14/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>9/22/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,200.00**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150422
2. Committee Name Friends of Don Tilley

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>11/9/06</u> 6. <u>Original Amount of Debt:</u> \$ <u>497.27</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>497.27</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Donald Tilley 617 Green Ave Bay City, MI 48708	4. Type: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>10/29/08</u> 6. <u>Original Amount of Debt:</u> \$ <u>475.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>475.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,372.27

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$4,206.10

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.